

CNS HOME HEALTH PLUS PROVIDER #: 467068 TYPE ACTION: RECERTIFICATION
6949 SOUTH HIGH TECH DRIVE, SUITE 201 PHONE NUMBER: (801) 233-6100 TYPE FACILITY: VISITING NURSE A
MIDVALE UT 84047 PARTICIPATION DATE: 04/19/1993 TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
		07/1992	02/12/2003		
			X C	03/04/2003	STD
			X C	03/03/2003	STD
			X C	03/03/2003	STD
			X C	02/28/2003	STD

G0218-SUBJECT AREAS EVALUATED AFTER OBSERVATION OF AIDE PERFORM
G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER
G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E
G0323-HHA MUST TRANSMIT OASIS DATA AT LEAST MONTHLY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	4	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	4	0	0	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY